



The Commonwealth of Massachusetts

Department of Public Safety

Massachusetts State Building Code (780 CMR)

Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: _____

Date Applied: _____

Building Official: _____

SECTION 1: LOCATION (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street _____

City / Town _____

Zip Code _____

Name of Building (if applicable) _____

SECTION 2: PROPOSED WORK

Edition of MA State Code used _____ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 1)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: _____

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: _____

SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): _____

Proposed Use Group(s): _____

SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐
F: Factory F-1 ☐ F-2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐
I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐
S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:
Special Use _____

SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

SECTION 7: SITE INFORMATION (refer to 780 CMR 111.0 for details on each item)

Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>	Flood Zone Information: Check if outside Flood Zone <input type="checkbox"/> or identify Zone: _____	Sewage Disposal: Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	Trench Permit: A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	Debris Removal: Licensed Disposal Site <input type="checkbox"/> or specify: _____
--------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------

Railroad right-of-way:
Not Applicable ☐
or Consent to Build enclosed ☐

Hazards to Air Navigation:
Is Structure within airport approach area?
Yes ☐ or No ☐

MA Historic Commission Review Process:
Is their review completed?
Yes ☐ No ☐

SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: _____ Use Group(s): _____ Type of Construction: _____ Occupant Load per Floor: _____

Does the building contain an Sprinkler System?: _____ Special Stipulations: _____

SECTION 9: PROPERTY OWNER AUTHORIZATION

Name and Address of Property Owner

Name (Print) No. and Street City/Town Zip

Property Owner Contact Information:

Title Telephone No. (business) Telephone No. (cell) e-mail address
If applicable, the property owner hereby authorizesName Street Address City/Town State Zip
to act on the property owner's behalf, in all matters relative to work authorized by this building permit application.**SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 2)**(If building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then check here ☐ and skip Section 10.1)**10.1 Registered Professional Responsible for Construction Control**

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date

10.2 General Contractor

Company Name

Name of Person Responsible for Construction License No. and Type if Applicable

Street Address City/Town State Zip

Telephone No. (business) Telephone No. (cell) e-mail address

SECTION 11: WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Is a signed Affidavit submitted with this application? Yes ☐ No ☐

SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE

Item	Estimated Costs; (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____ Building Permit Fee = Total Construction Cost x _____ (Insert here appropriate municipal factor) = \$ _____ Note: Minimum fee = \$ _____ (contact municipality) Enclose check payable to _____ (contact municipality) and write check number here _____
1. Building	\$ _____	
2. Electrical	\$ _____	
3. Plumbing	\$ _____	
4. Mechanical (HVAC)	\$ _____	
5. Mechanical (Other)	\$ _____	
6. Total Cost	\$ _____	

SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT

By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.

Please print and sign name Title Telephone No. Date

Street Address City/Town State Zip

Municipal Inspector to fill out this section upon application approval:

Name Date

Appendix 1

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

Property Location (Please indicate Block # and Lot # for locations for which a street address is not available)

No. and Street	City / Town	Zip	Name of Building (if applicable)
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For the above described property the following action was taken:

Water Shut Off? Yes ☐ No ☐

Gas Shut Off? Yes ☐ No ☐

Electricity Shut Off? Yes ☐ No ☐

Yes ☐ No ☐

Other (if applicable)

Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Provider notified and Release obtained? Yes ☐ No ☐

Other (if applicable)

Appendix 2

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required for this. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

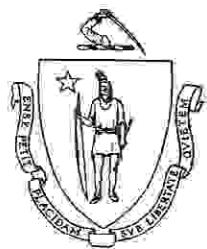
Checklist for Construction Documents*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction. Work started prior to approval may be subjected to *triple the original permit fee*.

Registered Professional Contact Information

Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date
Name (Registrant)	Telephone No.	e-mail address	Registration Number
Street Address	City/Town	State Zip	Discipline Expiration Date



Initial Construction Control Document

To be submitted with the building permit application by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107.6.2

Project Title: _____ Date: _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I, _____ MA Registration Number: _____ Expiration date: _____, am a
registered design professional, and hereby certify that I have prepared or directly supervised the preparation of all design
plans, computations and specifications concerning:

☐ Entire Project

☐ Architectural

☐ Structural

☐ Mechanical

☐ Fire Protection

☐ Electrical

☐ Other _____

for the above named project and that such plans, computations and specifications meet the applicable provisions of the
Massachusetts State Building Code, (780 CMR), and accepted engineering practices for the proposed project. I
understand and agree that I (or my designee) shall perform the necessary professional services and be present on the
construction site on a regular and periodic basis to:

1. Review, for conformance to this code and the design concept, shop drawings, samples and other submittals by the
contractor in accordance with the requirements of the construction documents.
2. Perform the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Be present at intervals appropriate to the stage of construction to become generally familiar with the progress and
quality of the work and to determine if the work is being performed in a manner consistent with the approved
construction documents and this code.

When required by the building official, I shall submit field/progress reports (see item 3.) together with pertinent
comments, in a form acceptable to the building official.

Upon completion of the work, I shall submit to the building official a 'Final Construction Control Document'.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____

Email: _____

Building Official/Use Only

Building Official Name: _____ Permit No.: _____ Date: _____



Required Inspections and Site Review Document

As a condition of the building permit the following Inspections and Site Reviews identified by the building official are required for work per the 8th Edition of the

Massachusetts State Building Code, 780 CMR, Section 110 and Chapter 17

Project Title: _____ Date: _____

Property Address: _____ Building Permit No.: _____

Required Inspections to be performed by the Building Official ^{1,6}			
Inspection	R	Inspection	R
Preliminary (prior to start)		Roofing System/Attachment	
Soil/Footing/Foundation		Smoke/Heat/Fire Alarm System ²	
Concrete Slab/Under Floor		Carbon Monoxide System ⁴	
Flood Elevation/Certificate		Sprinkler/Standpipe/Fire Pump ³	
Framing – Floor/Wall/Roof		Fire/Smoke Dampers	
Lath and Gypsum Board		Witness Special Inspections	
Fire/Smoke Resistant Assemblies		Accessibility (521 CMR)	
Energy Code Inspections		Manufactured Building Set	
Sheet Metal Inspections		Other:	
Emergency Lighting/Exit Signage		Final inspection	
All Means of Egress Component		All items listed in this table	

Required Site Review and Documentation for Phased Construction ^{1,6,7} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c 112 §81R contractor)			
Site Review and Documentation	R	Site Review and Documentation	R
Soil condition/analysis/report		Energy efficiency	
Footing and Foundation (including reinforcement and foundation attachment)		Fire Alarm Installation ³	
Concrete Floor and Under Floor		Fire Suppression Installation ³	
Lowest Floor Flood Elevation		Field Reports ⁵	
Structural Frame – wall/floor/roof		Carbon Monoxide Detection System ⁴	
Lath and Plaster/Gypsum		Seismic reinforcement	
Fire Resistant Wall/Partitions framing		Smoke Control Systems	
Fire Resistant Wall/Partitions finish attachments		Smoke and Heat Vents	
Above Ceiling inspection		Accessibility (521 CMR)	
Fire Blocking/Stopping System		Other:	
Emergency Lighting/Exit Signage		Special Inspections (Section 1704):	
Means of Egress Component			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume)			
Mechanical Systems		All items listed in this table	

1. The inspections indicated (x) are required by the building official. It is the responsibility of the permit applicant to request these inspections.

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

6. Work shall not proceed, or be concealed, until the required inspection has been approved by the building official, and nothing within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections

7. Rough and/or finish inspections of electrical, plumbing, or sheet metal shall be inspected prior to rough and finish inspections by the building official.

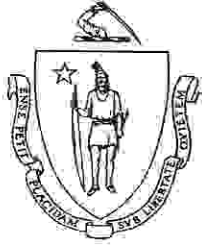
I (type or print name) _____ am the building permit applicant and by entering my name below I attest under the pains and penalties of perjury that I have received this checklist of required inspections and approvals.

Signature: _____ Phone No.: _____ Email: _____
Signature or type name if electronic signature

Building Official Use Only

Building Official Name: _____

Date: _____



Phase Construction Control Document

To be submitted at completion of required site reviews of phase construction
for work per the 8th edition of the
Massachusetts State Building Code, 780 CMR, Section 107.6.2.2

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

I, _____ MA Registration Number: _____ Expiration date: _____

am a *registered design professional* and I hereby certify that I or my designee have inspected the following work, and I certify that the work has been performed in a manner consistent with the approved plans and specifications for the following phase of construction as indicated:

Required Site Review and Documentation for Phase Construction ^{1,6} (to be performed by the appropriate registered design professional or his/her designee or M.G.L.c. 112 §81R contractor)			
Site Review and Documentation		R	Site Review and Documentation
Soil condition and analysis			Energy efficiency
Footings and Foundation, including Reinforcement and Foundation attachment			Fire Alarm Installation ²
Concrete Floor and Under Floor			Fire Suppression Installation ³
Lowest Floor Flood Elevation			Field Reports ⁵
Structural Frame – wall/floor/roof			Carbon Monoxide Detection System ⁴
Lath and Plaster/Gypsum			Seismic reinforcement
Fire Resistant Wall/Partitions framing			Smoke Control Systems
Fire Resistant Wall/Partitions finish attachments			Smoke and Heat Vents
Above Ceiling inspection			Accessibility (521 CMR)
Fire Blocking/Stopping System			Other
Emergency Lighting/Exit Signage			Special Inspections (Section 1704)
Means of Egress Components			
Roofing, coping/System			
Venting Systems (kitchen, chemical, fume)			
Mechanical Systems			

Indicate with an "x" the work you reviewed for compliance with the approved plans and specifications and describe in detail below.

2. Include NFPA 72 test and acceptance documentation

3. Include applicable NFPA 13, 13R, 13D, 14, 15, 17, 20, 241, etc. - test and acceptance documentation

4. Include NFPA 720 Record of Completion and Inspection and Test Form

5. Include field reports and related documentation

6. Nothing contained within construction control shall have the effect of waiving or limiting the building official's authority to enforce this code with respect to examination of the contract documents, including plans, computations and specifications, and field inspections.

Work Description^a:

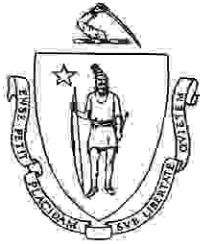
a. Describe in sufficient detail the work (i.e. foundation steel reinforcing, kitchen vent system, etc.) and the location on the project site, and list if applicable, the submitted documents that pertain to this work, which was inspected.

Enter in the space to the right a "wet" or
electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Date: _____



Final Construction Control Document

To be submitted at completion of construction by a

Registered Design Professional

for work per the 8th edition of the

Massachusetts State Building Code, 780 CMR, Section 107.6.4

Project Title: _____ Date: _____ Permit No. _____

Property Address: _____

Project: Check one or both as applicable: ☐ New construction ☐ Existing Construction

Project description: _____

I _____ MA Registration Number: _____ Expiration date: _____, am a *registered design professional*, and hereby certify that I have prepared or directly supervised the preparation of all design plans, computations and specifications concerning:

☐ Entire Project ☐ Architectural ☐ Structural ☐ Mechanical
☐ Fire Protection ☐ Electrical ☐ Other: _____

for the above named project. I certify that I, or my designee, have performed the necessary professional services and was present at the construction site on a regular and periodic basis to determine that the work proceeded in accordance with the requirements of 780 CMR and the design documents prepared by me and approved as part of the building permit and that I or my designee:

1. Have reviewed, for conformance to this code and the design concept, shop drawings, samples and other submittals by the contractor in accordance with the requirements of the construction documents.
2. Have performed the duties for registered design professionals in 780 CMR Chapter 17, as applicable.
3. Have been present at intervals appropriate to the stage of construction to become generally familiar with the progress and quality of the work and to determine if the work was performed in a manner consistent with the construction documents and this code.

Enter in the space to the right a "wet" or electronic signature and seal:

Phone number: _____ Email: _____

Building Official Use Only

Building Official Name: _____ Permit No.: _____ Date: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply sub-contractor(s) name(s), address(es) and phone number(s) along with their certificate(s) of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary) and under "Job Site Address" the applicant should write "all locations in _____ (city or town)." A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
1 Congress Street, Suite 100
Boston, MA 02114-2017
www.mass.gov/dia

Print Form

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).*</p> <p>2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]</p> <p>3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.]†</p> | <p>4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.‡</p> <p>5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____

DEBRIS DISPOSAL FORM

In accordance with the provisions of MGL c 40, S 54, a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.

The debris will be disposed of in:

LOCATION OF FACILITY

Signature of Applicant

Date

AFFIDAVIT

As a result of the provisions of MGL c 40, S 54, I acknowledge that as a condition of Building Permit Number _____ all debris resulting from the construction activity governed by this Building Permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c 111, S 150A.

I certify that I will notify the Building Official by _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Date

Signature of Permit Applicant

(PRINT OR TYPE THE FOLLOWING INFORMATION)

Name of Permit Applicant

Firm Name, if any



Town of Egremont

P.O. Box 368
South Egremont, MA 01258
Phone (413) 528-0182 Ext.13
FAX (413) 528-5465

Permit Number _____

Date Issued _____

Expiration Date _____

TRENCH PERMIT

Pursuant to G.L. c. 82A §1 and 520 CMR 7.00 et seq.(as amended)

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Applicant			Phone		Cell	
Street Address						
City/Town	MA	ZIP				
Name of Excavator (if different from applicant)			Phone		Cell	
Street Address						
City/Town	MA	ZIP				
Name of Owner(s) of Property			Phone		Cell	
Street Address						
City/Town	MA	ZIP				
Other Contact			Permit Fee Received No () Yes () \$20.00			
Description, location and purpose of proposed trench: Please describe the exact location of the proposed trench and its purpose (include a description of what is (or is intended) to be laid in proposed trench (e.g.: pipes/cable lines etc.) Please use reverse side if additional space is needed.						
Insurance Certificate #:						
Name and Contact Information of Insurer:						
Policy Expiration Date:						

Dig Safe #:	
Name of Competent Person (as defined by 520 CMR 7.02):	
Massachusetts Hoisting License #	
License Grade:	Expiration Date:

BY SIGNING THIS FORM, THE APPLICANT, OWNER, AND EXCAVATOR ALL ACKNOWLEDGE AND CERTIFY THAT THEY ARE FAMILIAR WITH, OR, BEFORE COMMENCEMENT OF THE WORK, WILL BECOME FAMILIAR WITH, ALL LAWS AND REGULATIONS APPLICABLE TO WORK PROPOSED, INCLUDING OSHA REGULATIONS, G.L. c. 82A, 520 CMR 7.00 et seq., AND ANY APPLICABLE MUNICIPAL ORDINANCES, BY-LAWS AND REGULATIONS AND THEY COVENANT AND AGREE THAT ALL WORK DONE UNDER THE PERMIT ISSUED FOR SUCH WORK WILL COMPLY THEREWITH IN ALL RESPECTS AND WITH THE CONDITIONS SET FORTH BELOW.

THE UNDERSIGNED OWNER AUTHORIZES THE APPLICANT TO APPLY FOR THE PERMIT AND THE EXCAVATOR TO UNDERTAKE SUCH WORK ON THE PROPERTY OF THE OWNER, AND ALSO, FOR THE DURATION OF CONSTRUCTION, AUTHORIZES PERSONS DULY APPOINTED BY THE MUNICIPALITY TO ENTER UPON THE PROPERTY TO MONITOR AND INSPECT THE WORK FOR CONFORMITY WITH THE CONDITIONS ATTACHED HERETO AND THE LAWS AND REGULATIONS GOVERNING SUCH WORK.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO REIMBURSE THE MUNICIPALITY FOR ANY AND ALL COSTS AND EXPENSES INCURRED BY THE MUNICIPALITY IN CONNECTION WITH THIS PERMIT AND THE WORK CONDUCTED THEREUNDER, INCLUDING BUT NOT LIMITED TO ENFORCING THE REQUIREMENTS OF STATE LAW AND CONDITIONS OF THIS PERMIT, INSPECTIONS MADE TO ASSURE COMPLIANCE THEREWITH, AND MEASURES TAKEN BY THE MUNICIPALITY TO PROTECT THE PUBLIC WHERE THE APPLICANT OWNER OR EXCAVATOR HAS FAILED TO COMPLY THEREWITH INCLUDING POLICE DETAILS AND OTHER REMEDIAL MEASURES DEEMED NECESSARY BY THE MUNICIPALITY.

THE UNDERSIGNED APPLICANT, OWNER AND EXCAVATOR AGREE JOINTLY AND SEVERALLY TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE MUNICIPALITY AND ALL OF ITS AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY, CAUSES OR ACTION, COSTS, AND EXPENSES RESULTING FROM OR ARISING OUT OF ANY INJURY, DEATH, LOSS, OR DAMAGE TO ANY PERSON OR PROPERTY DURING THE WORK CONDUCTED UNDER THIS PERMIT.

APPLICANT SIGNATURE

_____ DATE _____

EXCAVATOR SIGNATURE (IF DIFFERENT)

_____ DATE _____

OWNER'S SIGNATURE (IF DIFFERENT)

_____ DATE: _____

For Town use -- Do not write in this section	
PERMIT APPROVED BY	\$ Application Fee
PERMITTING AUTHORITY	
CONDITIONS OF APPROVAL	

CONDITIONS AND REQUIREMENTS PURSUANT TO G.L.C.82A AND 520 CMR 7.00 et seq. (as amended)

By signing the application, the applicant understands and agrees to comply with the following:

- i. No trench may be excavated unless the requirements of sections 40 through 40D of chapter 82, and any accompanying regulations, have been met and this permit is invalid unless and until said requirements have been complied with by the excavator applying for the permit including, but not limited to, the establishment of a valid excavation number with the underground plant damage prevention system as said system is defined in section 76D of chapter 164 (DIG SAFE);
- ii. Trenches may pose a significant health and safety hazard. Pursuant to Section 1 of Chapter 82 of the General Laws, an excavator shall not leave any open trench unattended without first making every reasonable effort to eliminate any recognized safety hazard that may exist as a result of leaving said open trench unattended. Excavators should consult regulations promulgated by the Department of Public Safety in order to familiarize themselves with the recognized safety hazards associated with excavations and open trenches and the procedures required or recommended by said department in order to make every reasonable effort to eliminate said safety hazards which may include covering, barricading or otherwise protecting open trenches from accidental entry.
- iii. Persons engaging in any in any trenching operation shall familiarize themselves with the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CFR 1926.650 et.seq., entitled Subpart P "Excavations".
- iv. Excavators engaging in any trenching operation who utilize hoisting or other mechanical equipment subject to chapter 146 shall only employ individuals licensed to operate said equipment by the Department of Public Safety pursuant to said chapter and this permit must be presented to said licensed operator before any excavation is commenced;
- v. By applying for, accepting and signing this permit, the applicant hereby attests to the following: (1) that they have read and understands the regulations promulgated by the Department of Public Safety with regard to construction related excavations and trench safety; (2) that he has read and understands the federal safety standards promulgated by the Occupational Safety and Health Administration on excavations: 29 CMR 1926.650 et.seq., entitled Subpart P "Excavations" as well as any other excavation requirements established by this municipality; and (3) that he is aware of and has, with regard to the proposed trench excavation on private property or proposed excavation of a city or town public way that forms the basis of the permit application, complied with the requirements of sections 40-40D of chapter 82A.
- vi. This permit shall be posted in plain view on the site of the trench.

For additional information please visit the Department of Public Safety's website at www.mass.gov/dps

Summary of Excavation and Trench Safety Regulation (520 CMR 14.00 et seq.)

This summary was prepared by the Massachusetts Department of Public Safety pursuant to G.L.c.82A and does not include all requirements of the 520 CMR 14.00. To view the full regulation and G.L.c.82A, go to www.mass.gov/dps. Pursuant to M.G.L. c. 82, § 1, the Department of Public Safety, jointly with the Division of Occupational Safety, drafted regulations relative to trench safety. The regulation is codified in section 14.00 of title 520 of the Code of Massachusetts Regulations. The regulation requires all excavators to obtain a permit prior to the excavation of a trench made for a construction-related purpose on public or private land or rights-of-way. All municipalities must establish a local permitting authority for the purpose of issuing permits for trenches within their municipality. Trenches on land owned or controlled by a public (state) agency requires a permit to be issued by that public agency unless otherwise designated.

In addition to the permitting requirements mandated by statute, the trench safety regulations require that all excavators, whether public or private, take specific precautions to protect the general public and prevent unauthorized access to unattended trenches. Accordingly, unattended trenches must be covered, barricaded or backfilled. Covers must be road plates at least ¾" thick or equivalent; barricades must be fences at least 6' high with no openings greater than 4" between vertical supports; backfilling must be sufficient to eliminate the trench. Alternatively, excavators may choose to attend trenches at all times, for instance by hiring a police detail, security guard or other attendant who will be present during times when the trench will be unattended by the excavator.

The regulations further provide that local permitting authorities, the Department of Public Safety, or the Division of Occupational Safety may order an immediate shutdown of a trench in the event of a death or serious injury; the failure to obtain a permit; or the failure to implement or effectively use adequate protections for the general public. The trench shall remain shutdown until re-inspected and authorized to re-open provided, however, that excavators shall have the right to appeal an immediate shutdown. Permitting authorities are further authorized to suspend or revoke a permit following a hearing. Excavators may also be subject to administrative fines issued by the Department of Public Safety for identified violations.

Summary of 1926 CFR Subpart P -OSHA Excavation Standard

This is a worker protection standard, and is designed to protect employees who are working inside a trench. This summary was prepared by the Massachusetts Division of Occupational Safety and not OSHA for informational purposes only and does not constitute an official interpretation by OSHA of their regulations, and may not include all aspects of the standard. For further information or a full copy of the standard go to www.osha.gov.

- **Trench Definition per the OSHA standard:**
 - An excavation made below the surface of the ground, narrow in relation to its length.
 - In general, the depth is greater than the width, but the width of the trench is not greater than fifteen feet.
- **Protective Systems** to prevent soil wall collapse are always required in trenches deeper than 5', and are also required in trenches less than 5' deep when the competent person determines that a hazard exists. Protection options include:
 - Shoring. Shoring must be used in accordance with the OSHA Excavation standard appendices, the equipment manufacturer's tabulated data, or designed by a registered professional engineer.
 - Shielding (Trench Boxes). Trench boxes must be used in accordance with the equipment manufacturer's tabulated data, or a registered professional engineer.
 - Sloping or Benching. In Type C soils (what is most typically encountered) the excavation must extend horizontally 1 ½ feet for every foot of trench depth on both sides, 1 foot for Type B soils, and ¾ foot for Type A soils.
 - A registered professional engineer must design protective systems for all excavations greater than 20' in depth.
- **Ladders** must be used in trenches deeper than 4'.
 - Ladders must be inside the trench with workers at all times, and located within 25' of unobstructed lateral travel for every worker in the trench.
 - Ladders must extend 3' above the top of the trench so workers can safely get onto and off of the ladder.
- **Inspections** of every trench worksite are required:
 - Prior to the start of each shift, and again when there is a change in conditions such as a rainstorm.
 - Inspections must be conducted by the competent person (see below).
- **Competent Person(s) is:**
 - Capable (i.e., trained and knowledgeable) in identifying existing and predictable hazards in the trench, and other working conditions which may pose a hazard to workers, and
 - Authorized by management to take necessary corrective action to eliminate the hazards. Employees must be removed from hazardous areas until the hazard has been corrected.
- **Underground Utilities** must be:
 - Identified prior to opening the excavation (e.g., contact Digsafe).
 - Located by safe and acceptable means while excavating.
 - Protected, supported, or removed once exposed.
- **Spoils** must be kept back a minimum of 2' from the edge of the trench.
- **Surface Encumbrances** creating a hazard must be removed or supported to safeguard employees. Keep heavy equipment and heavy material as far back from the edge of the trench as possible.
- **Stability of Adjacent Structures:**
 - Where the stability of adjacent structures is endangered by creation of the trench, they must be underpinned, braced, or otherwise supported.
 - Sidewalks, pavements, etc. shall not be undermined unless a support system or other method of protection is provided.
- **Protection from water accumulation hazards:**
 - It is not allowable for employees to work in trenches with accumulated water. If water control such as pumping is used to prevent water accumulation, this must be monitored by the competent person.
 - If the trench interrupts natural drainage of surface water, ditches, dikes or other means must be used to prevent this water from entering the excavation.
- **Additional Requirements:**
 - For mobile equipment operated near the edge of the trench, a warning system such as barricades or stop logs must be used.
 - Employees are not permitted to work underneath loads. Operators may not remain in vehicles being loaded unless vehicles are equipped with adequate protection as per 1926.601(b)(6).
 - Employees must wear high-visibility clothing in traffic work zones.
 - Air monitoring must be conducted in trenches deeper than 4' if the potential for a hazardous atmosphere exists. If a hazardous atmosphere is found to exist (e.g., O₂ <19.5% or >23.5%, 20% LEL, specific chemical hazard), adequate protections shall be taken such as ventilation of the space.
 - Walkways are required where employees must cross over the trench. Walkways with guardrails must be provided for crossing over trenches > 6' deep.
 - Employees must be protected from loose rock or soil through protections such as scaling or protective barricades.

EGREMONT BOARD OF HEALTH

Rules and Regulations Governing the Use of Dumpsters and Roll-Off Containers for the Storage of Garbage, Refuse, Hazardous Waste, and/or Construction and Demolition Waste

Section 1. Findings and Purpose

Whereas health, safety and nuisance problems have arisen from misuse and mismanagement of dumpsters and roll-off containers,

The Board of Health of the Town of Egremont, pursuant to Massachusetts State Sanitary Code 105 CMR 410.000, Massachusetts General Law Chapter 111 Section 31B and MGL Chapter 111 Section 122 hereby adopts these rules and regulations in order to minimize health and safety hazards resulting from noxious odors, vermin infestation, sources of filth, combustible materials and the like to ensure proper techniques in the use and location of these dumpsters and roll-off containers, to promote the public comfort and convenience and to encourage recycling.

Section 2. Definitions

- a) Construction and Demolition Waste: Materials commonly used or found in building construction that are not considered Hazardous Waste.
- b) Dumpster: A covered receptacle, etc, which is stored outside an enclosed building and which holds household and/or commercial organic garbage as well as other refuse.
- c) Garbage: Food related waste including paper soiled with food or grease.
- d) Hazardous Waste: As currently defined and regulated by Massachusetts Department of Environmental Protection.
- e) Hazardous Waste Hauler: Anyone who transports Hazardous Wastes for anyone other than their personal use.
- f) Medical Waste: Any solid waste including biological waste as defined by the Massachusetts Department of Public Health that is generated in research or the diagnosis, treatment, or immunization of human beings or animals.
- g) Medical Waste Hauler: Anyone who transports Medical Wastes other than those for their personal use.
- h) Recyclable Waste: As currently defined by local and state regulations.
- i) Refuse: solid waste, rubbish, trash, debris, garbage
- j) Roll-off Container: An open receptacle which usually holds construction and demolition waste.
- k) Solid Wastes: garbage, refuse, medical waste and/or hazardous waste
- l) Solid Waste Hauler: Anyone who transports solid wastes for other than their personal use.

Section 3. Requirements

Permits/Renewal of Permits

- A. **Solid Waste Hauler Permit:** All solid waste haulers that operate in or through the Town of Egremont require an annual Board of Health (BOH) permit. Solid waste haulers owning dumpster or roll-off containers and/or hauling waste from permanent or semi-permanent dumpsters serving a restaurant, B&B, inn, solid waste generator, etc. are required to obtain an annual Solid Waste Haulers permit from the Board of Health. Permit fees are as set by the Board of Health. Board of Health may waive the requirement for a Solid Waste Hauler permit and/or permit fee for temporary, one-time dumpster or roll-off container haulers. Dumpsters must be emptied when full and not allowed to create nuisances or harborage for insects or animals.
- B. **Dumpster Permit:** All dumpsters require a BOH permit unless waived by the BOH. All dumpsters must prominently display the name of the owner and valid contact information. Waivers are automatically granted for temporary or one-time dumpster that are filled and emptied in less than one week and do not cause any potential health hazards.
- C. **Roll-off Container Permit:** All roll-off containers require a BOH permit unless waived by the BOH. All roll-off containers must prominently display the name of the owner and valid contact information. Permit waivers are automatically granted for temporary or one-time roll-off containers that are filled and removed in less than two weeks and do not cause any potential health hazards. Roll-off container permit fees may be waived for roll-off containers that are issued as part of an active building permit and that are onsite two weeks or less. Roll off containers must be emptied when full and not allowed to create nuisances or harborage for insects or animals.
- D. This regulation shall apply to existing as well as new dumpsters and roll-off containers when these regulations become effective. Applicant must state on the permit the anticipated date the roll-off container will be removed. If that date cannot be met a one-time permit renewal, with a new removal date, can be requested. Roll-off container permits may be issued by the Builder Inspector or the Town Office Administrator as well as the Board of Health.

Placement

- A. All dumpsters and roll-off containers must be placed in a location and manner that do not create nuisances or potential health hazards, conditions or odors.
- B. All dumpsters and roll-off containers must be placed more than twenty-five (25) feet from any public way or lot line unless written permission is obtained from the Board of Health or its agent.

Size and Construction

- A. Dumpsters and roll-off containers shall be of sufficient size to properly contain the garbage and/or refuse accumulated between collections.
- B. All dumpsters or roll-off containers must be constructed of metal or other durable material.

- C. All dumpsters must be constructed in such a way as to be leak-proof, vermin resistant.
- D. All dumpsters must be provided with suitable, tight-fitting covers.

Acceptable Contents

- A. Dumpsters: kitchen and food waste, common packaging material, bottles, cans, paper, cardboard, etc. State recycling laws must be adhered to.
- B. Roll-off containers: Construction and demolition waste. Kitchen and food waste or any waste which attracts insects and/or rodents are not permitted and must be placed in a covered receptacle which is emptied on a regular basis before spoilage and associated odors and health concerns occur.

Scheduling of Collection and/or Removal of Contents

- A. Dumpsters: If the dumpster is a permanent or semi-permanent fixture its contents will be emptied and hauled on a regular schedule to eliminate the possibility of spoilage, rot, decomposition and associated odor and health hazards.
- B. Roll-off containers: Construction and demolition roll-off containers will be emptied, hauled or removed when they are either full (average height of contents extends over the edge of container), construction work has ceased or when the contents become a health hazard.

Maintenance

- A. All dumpsters or roll-off containers must be emptied with sufficient frequency and in such a manner as to prevent the creation of objectionable conditions.
- B. All dumpsters or roll-off containers must be cleaned and deodorized with sufficient frequency as to prevent objectionable conditions and odors.
- C. All dumpsters must be kept covered at all times.

Section 4. Responsibility for Implementation

- A. The owner, or his agent, of the property on which the dumpster or roll-off container is located will be held responsible for the implementation of all the rules and regulations.
- B. The Board of Health has the right to order the owner of any dumpster or roll-off container to immediately remove the dumpster or roll-off container at the owner's expense if the dumpster or roll-off container is causing a potential nuisance or health hazard.

Section 5. Scope of These Rules and Regulations

- A. These regulations shall in no way nullify the requirements of the Articles of the State Sanitary Code or Massachusetts General Law or other regulations pertaining to health, disease or safety.

Section 6. Fines and Penalties


- A. Homeowner will have one week to remediate a violation. After that week remaining violation(s) will result in a fine of \$25 per day doubling every day after that.

Section 7. Invalidation of These Regulations

- A. If any section paragraph, sentence, clause or phrase of these rules and regulations shall be ruled invalid for any reason whatsoever, such decision shall not affect the remaining portions of these regulations, which shall remain in full force and effect; and to this end the provisions of these regulations are hereby declared severable.

Section 8. Adoption and Date of Effect

- A. These rules and regulations were adopted by vote of the Board of Health, Town of Egremont, Massachusetts on June 24, 2010, and shall become effective upon signature of the Town Clerk.


Margaret Muskrat, Egremont Town Clerk

7/6/2010

Date

TOWN OF EGREMONT
APPLICATION FOR DUMPSTER AND ROLL-OFF CONTAINER
PERMIT

(Pursuant to Section 31B and 122 MGL111, 105 CMR 410.00, and the Rules and Regulations Governing the Use of Dumpster and Roll-off Containers for the Storage of Garbage, Refuse, Hazardous Waste, and/or Construction and Demolition Waste of the Egremont Board of Health)

Date_____

Application is hereby made for a permit to maintain a dumpster or roll-off container on property, as listed before, in accordance with the Rules and Regulations of the Board of Health.

Check whether permit is for:

() Residential Use () Commercial Use

Estimated date of delivery of dumpster/roll-off:_____

Estimated removal date:_____

Name of Property Owner: _____

Applicant for permit:_____ Tel. No. _____

On bottom half of this form, please sketch an outline of property, showing the proposed location of dumpster/roll-off. Give distance from dumpster to other buildings and lot lines or boundaries. Use back side of this application if additional space is needed.

Return this application with fee of \$25 to: Board of Health, Egremont Town Hall,
P.O. Box 368, South Egremont, MA 01258

Official Use Only:

Application reviewed by:_____

Payment Received:_____

Permit Number:_____

Dumpster/Roll-off will be removed no later than:_____